

Academic Integrity Violation

Student Name: _____ Student ID Number: _____ Date: _____

Date of Incident: _____ Class/Section of Incident: _____

Faculty Member: _____

Details of Violation Please include any supporting documents.

PLEASE INDICATE VIOLATION NUMBER

ATTACH NOTES SECTION FROM SONISWEB ON PRIOR VIOLATIONS.

Warning First violation Second violation Third violation

HAS THE STUDENT BEEN MADE AWARE OF WHAT THE VIOLATION ENTAILED?

Yes No

HAS THE STUDENT BEEN COUNSELED ON HOW TO AVOID FURTHER VIOLATION OF THE GOODWIN UNIVERSITY ACADEMIC INTEGRITY POLICY?

Yes No

Student has the right to attach a written statement to this Violation of Academic Integrity form.

Student has the right to appeal this decision. See Section Three in the Goodwin University Academic Integrity Policy.

FACULTY INSTRUCTIONS:

• _____ Date: _____

Signature of Program Director/Dept. Chair: _____ Date: _____

Signature of Student: _____ Date: _____

*The student's signature does not indicate agreement with this notice but only that (s)he has read it and received a copy.

*A student signature is not required for a warning.